BEFORE THE DIVISION OF MEDICAL QUALITY BOARD OF MEDICAL QUALITY ASSURANCE DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Accusation Against:))) D-3587)
Thuc-Oanh Thi Vu, M.D. Certificate # A-036564)))
Respondent.	<u> </u>
DECISION	
The attached Stipulation is hereby adopted by the	
Division of Medical Quality of the Board of Medical Quality	
Assurance as its Decision in the above-entitled matter.	
This Decision shall become effective on	
August 22, 1988	
IT IS SO ORDERED	July 21, 1988 .
	DIVISION OF MEDICAL QUALITY BOARD OF MEDICAL QUALITY ASSURANCE
	Theresa Claassen
	THERESA CLAASSEN, Secretary-Treasurer

1 JOHN K. VAN DE KAMP, Attorney General of the State of California 2 FRANK H. PACOE Deputy Attorney General 3 350 McAllister Street, Room 6000 San Francisco, California 4 Telephone: (415) 557-2546 5 Attorneys for Complainant 6 7 BEFORE THE BOARD OF MEDICAL QUALITY ASSURANCE 8 DIVISION OF MEDICAL QUALITY STATE OF CALIFORNIA 9 10 11 In the Matter of the Accusation 12 Against: No. D-3587 13 THUC-OANH THI VU, M.D. STIPULATION AND WAIVER 560 E. St. John Street 14 95112 San Jose, CA Physician and Surgeon 15 Certificate No. A-036564 16 Respondent.

IT IS HEREBY STIPULATED BY AND BETWEEN THUC-OANH THI

VU, M.D., (hereinafter "respondent") with the advice and consent

of her attorney, Guyton N. Jinkerson, Esq., and the Division of

Medical Quality, Board of Medical Quality Assurance (hereinafter

"Division") by and through its attorney Frank H. Pacoe, Deputy

Attorney General, as follows:

l. Accusation No. D-3587 is presently pending before the Division. $1/\$

1. A copy of said Accusation is attached as Exhibit A.



17

18

19

20

21

22

23

24

25

26

//

- Respondent is represented by Guyton N. Jinkerson,Attorney at Law, in this matter.
- 3. Respondent has carefully read and reviewed this stipulation in English and understands the entire contents of this document.
- 4. Respondent and her attorney have fully discussed the charges and allegations in Accusation No. D-3587 and respondent has been fully advised by her attorney of her rights concerning this Accusation.
- 5. Respondent is fully aware of and understands her right to a hearing on the charges and allegations in Accusation No. D-3587; her right to reconsideration, to appeal, and any and all other rights which may be afforded her under the California Administrative Procedure Act and the laws of the State of California as they relate to Accusation No. D-3587.
- 6. Respondent hereby fully and voluntarily waives her right to a hearing, to reconsideration, to appeal, and any and all other rights afforded her under the California Administrative Procedure Act and the laws of the State of California as they relate to Accusation No. D-3587 except for those statutory rights pertaining to modification or termination of probation.
- 7. Respondent admits the charges and allegations contained in paragraph 10 of Accusation No. D-3587, and admits that grounds for discipline are stated under Business and Professions Code section 2236 in conjunction with sections 2227 and 2234.

TIP AND

8. Based on the foregoing admissions, it is further stipulated and agreed by the parties hereto that the Division may issue the following decision:

Certificate No. A036564 issued to the respondent Thuc-Oahn Thi Vu is revoked. However, revocation is stayed and respondent is placed on probation for five years upon the following terms and conditions:

- (1) Certificate No. A036564 issued to respondent Thuc-Oanh Thi Vu is suspended for three months. This period of suspension shall be reduced by any comparable period of time served in compliance with the sentencing which was imposed upon respondent's conviction in the Superior Court of Santa Clara in case No. 94951.
- decision, and on an annual basis thereafter, respondent shall submit to the Division for its prior approval an educational program or course related to general medicine which shall not be less than 40 hours per year, for each year of probation. This program shall be in addition to the Continuing Medical Education requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for continuing medical education of which 40 hours were in satisfaction of this condition and were approved in advance by the Division.
- (3) Within 60 days of the effective date of this decision, respondent shall submit to the Division for its prior

approval a community service program in which respondent shall provide free medical services on a regular basis to a community or charitable facility or agency for at least 16 hours a month for the first 36 months of probation. Community service, if any, ordered by the Superior Court of the County of Santa Clara in Case No. 94951 shall not be included in the service obligation provided for herein.

(4) Within 60 days of the effective date of this decision, respondent shall take and pass an oral clinical examination in general medicine to be administered by the Division or its designee. If respondent fails this examination, respondent must take and pass a re-examination consisting of a written as well as an oral clinical examination. The waiting period between repeat examinations shall be at three month intervals until success is achieved. The Division shall pay the cost of the first examination and respondent shall pay the cost of any subsequent re-examinations.

If respondent fails the first examination, respondent shall cease the practice of medicine until the re-examination has been successfully passed, as evidenced by written notice to respondent from the Division.

(5) Within 30 days of the effective date of this decision, respondent shall submit to the Division, and receive its prior approval, for a plan of practice in which respondent's patient records and billings will be reviewed on a monthly basis by a peer physician, or independent bookkeeper familiar with physician billing procedures, or independent accountant familiar

 with physician billing procedures, who shall submit monthly reports to the Regional Medical Consultant. The purpose of this review will be to determine if the respondent accurately billed for the services rendered. The cost of said review will be borne by respondent. Respondent may maintain a solo practice under the plan of practice.

- (6) Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in California.
- (7) Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.
- (8) Respondent shall comply with the Division's probation surveillance program.
- (9) Respondent shall appear in person for interviews with the Division's medical consultant upon request at various intervals and with reasonable notice.
- (10) In the event respondent should leave California to reside or to practice outside the State, respondent must notify the Division in writing of the dates of departure and return. Periods of residency or practice outside California will not apply to the reduction of this probationary period.
- (11) Upon successful completion of probation, respondent's certificate will be fully restored.
- (12) If respondent violates probation in any respect, the Division, after giving respondent notice and the opportunity



to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

9. The parties hereto agree that the terms and conditions set forth herein shall be null and void and not binding upon them unless approved and adopted by the Division.

DATED: May 11,88

THUC-OANH THI VU, M.D.
Respondent

DATED: Muzlb, 1988

DATED: 2001, 1918

GUYTON W. JINKERSON, Esq. Attorney for Respondent

FLANK H. PACOE

Deputy Attorney General

Attorney for Complainant

JOHN K. VAN DE KAMP, Attorney General of the State of California FRANK H. PACOE Deputy Attorney General 6000 State Building San Francisco, California 94102 Telephone: (415) 557-2546

Attorneys for Complainant

BEFORE THE BOARD OF MEDICAL QUALITY ASSURANCE DIVISION OF MEDICAL QUALITY STATE OF CALIFORNIA

In the Matter of the Accusation) No. D-3587
Against:)

THUC-OANH THI VU, M.D.) ACCUSATION
560 E. St. John Street)
San Jose, CA 95112)
Physician and Surgeon)
Certificate No. A-036564,)
Respondent.)

Complainant Kenneth J. Wagstaff alleges:

- 1. Complainant Kenneth J. Wagstaff is the Executive Director of the Board of Medical Quality Assurance (hereinafter referred to as the "Board") and makes and files this Accusation in his official capacity and not otherwise.
- 2. On or about April 13, 1981, the Board issued Physician and Surgeon Certificate Number A-306564 to Thuc-Oanh Thi Vu, M.D. (hereinafter referred to as the "respondent"). That certificate has continued in full force and effect at all times pertinent hereto.
- 3. Business and Professions Code sections 2227 and 2234 provide, in pertinent part, that the Division of Medical

- 4. Business and Professions Code section 2234(e) specifically provides that the commission of any act involving dishonesty or corruption which is substantially related to the qualifications functions or duties of a physician and surgeon constitutes unprofessional conduct.
- 5. Business and Professions Code section 2261 provides that knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine which falsely represents the existence or non-existence of a state of facts constitutes unprofessional conduct.
- 6. Business and Professions Code section 2236 provides that the conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct.
- 7. At all times relevant respondent was a provider of services under the California Medical Assistance Program (hereinafter referred to as "Medi-Cal Program") and was thereby eligible to be reimbursed for services by the State of California, through its fiscal intermediary, pursuant to Welfare and Institutions Code section 14000, et seq. The aforementioned Medi-Cal Program is administered by the Department of Health Services. Respondent was assigned Medi-Cal Provider Number 00A36540.
- 8. Welfare and Institutions Code section 14107 provides that any person who, with intent to defraud, presents

for allowance or payment by the Medi-Cal Program any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining greater compensation than that to which he is legally entitled for furnishing services or merchandise, or knowingly submits false information for the purpose of obtaining authorization for furnishing services or merchandise under this chapter is punishable by imprisonment in the county jail not longer than one year or in the state prison not exceeding five years, or by fine not exceeding five thousand dollar (\$5,000), or by both such fine and imprisonment.

The enforcement remedies provided under this section are not exclusive and shall not preclude the use of any other criminal or civil remedy.

9. Respondent has been guilty of unprofessional conduct pursuant to Business and Professions Code sections 2234(e) and or 2261, thereby providing grounds for disciplinary action under sections 2227 and 2234 of said Code in that during the year 1983, respondent submitted false claims to the Medi-Cal program, through its fiscal intermediary, representing that on certain dates she had performed physical examinations and tests of patients which she in fact did not perform, as is more particularly set forth below:

Count 1: On or about June 17, 1983, a special operator of the California Department of Justice Medi-Cal Fraud Unit went alone to respondent's medical office.

Respondent billed the Medi-Cal Program for services allegedly rendered to the special operator (Medi-Cal Beneficiary Number 30300564120060) and for services rendered to four other persons (Medi-Cal Beneficiary Numbers 30300564120050, 30300564120002, 30300564120001, and 3030056088050) when in truth and fact no such services were rendered to said patients.

Count 2: On or about July 26, 1983, a special operator of the California Department of Justice Medi-Cal Fraud Unit went to respondent's medical office.

Respondent billed the Medi-Cal Program for services allegedly rendered to the special operator (Medi-Cal Beneficiary Number 43300750135001) when in truth and fact no such services were rendered to said patient.

Count 3: On or about September 12, 1983, a special operator of the California Department of Justice Medi-Cal Fraud Unit went to respondent's Medical Office.

Respondent billed the Medi-Cal Program for services allegedly rendered to the special operator (Medi-Cal Beneficiary Number 30300564111060) when in truth and fact no such services were rendered to said patient.

10. Respondent has been guilty of unprofessional conduct pursuant to Business and Professions Code section 2236, thereby providing grounds for disciplinary action under sections

2

3

27 |

2227 and 2234 of said Code in that respondent was convicted of offenses substantially related to the qualifications, functions, or duties of a physician and surgeon, as is more particularly set forth as follows:

On or about June 19, 1985, respondent was convicted by a jury in the Superior Court, County of Santa Clara, Case No. 94951, on seven counts of violation of Welfare and Institutions Code section 14107 (presenting false claims). Pursuant to said conviction, respondent was sentenced to County Jail for one year, five years probation, ordered to pay a fine in the amount of \$10,000.00, a penalty in the amount of \$3,500.00, restitution in an undetermined amount to the Medi-Cal Program, and ordered to perform community service work. The circumstances of the aforementioned offenses involved respondent's submission of false and fraudulent claims to the Medi-Cal Program and the acceptance of payment therefore.

11. The aforementioned offenses were substantially related to the qualifications, functions, and duties of a physician and surgeon in that they evidence unfitness to perform the functions authorized by a physician's and surgeon's certificate in a manner consistent with the public health, safety and welfare.

//

//

WHEREFORE, complainant prays that a hearing be held and that respondent's license be suspended or revoked or such other action taken as the Board deems proper.

Dated: December 8, 1986

KENNETH J. WAGSTAFF

Executive Director
Board of Medical Quality Assurance

Complainant